ACF(M)14/04
Minutes: 43 - 53

GREATER GLASGOW AND CLYDE NHS BOARD

Minutes of a Meeting of the
Area Clinical Forum
held in Meeting Room A, J B Russell House, Corporate Headquarters,
Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH
on Thursday 7 August 2014 at 2.30 pm

PRESENT

Heather Cameron - in the Chair (Chair, AAHP&HCSC)

Fiona Alexander	Chair, APsychC
Morven Campbell	Vice Chair, AOC
Samantha Flower	Vice Chair, AAHP&HCSC
Nicola McElvanney	Chair, AOC
Sandra McNamee	Chair, ANMC
Johanna Pronk	Vice Chair, APsychC
Val Reilly	Chair, APC

IN ATTENDANCE

Jennifer Armstrong	Medical Director
Robert Calderwood	Chief Executive (For Minute No 49)
Shirley Gordon	Secretariat Manager

ACTION BY

43. APOLOGIES

Apologies for absence were intimated on behalf of John Ip, Kathy Kenmuir, Kenny Irvine, Douglas Malcolmson, John Hamilton, Linda de Caestecker and Rosslyn Crocket.

NOTED

44. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

45. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Area Clinical Forum held on Thursday 5 June 2014 [ACF(M)14/03] were approved as an accurate record.

NOTED

46. MATTERS ARISING

a) In respect of Minute No. 30, members noted the ACF attendance list and agreed that this should be circulated along with future agendas and papers. To demonstrate commitment to their respective professions (and committees), the Chair encouraged at least the Chair or Vice Chair of each advisory committee to be in attendance at ACF meetings. **Secretary**

b) In respect of Minute No. 33a, Heather Cameron reported that her draft comments on the Planning Review Update had somewhat been superseded by the issue of the NHS Board's Organisational Review.

NOTED

47. ANNUAL REVIEW 2014 - UPDATE

Heather Cameron circulated the ACF report as submitted for the purposes of the NHS Board's Annual Review. She reported that the headings followed those suggested by the SGHD. At the public meeting of the Annual Review, Heather had a five minute presentation slot to summarise the ACF's activities throughout 2013/14. She extended an invite to all ACF members to attend the Annual Review on 19 August 2014 (pm). Members noted that this year's Annual Review was non-ministerial but that the format would still be fairly formal.

NOTED

48. CLINICAL SERVICES REVIEW - UPDATE

Dr Jennifer Armstrong circulated a summary paper on ongoing activities with the NHS Board's Clinical Services Review. She summarised that its aim, in looking at service models, was to encourage the development of a balanced system of care where people got care in the right place from people with the right skills, working across the artificial boundary of "hospital" and "community" services. The Renfrewshire Development Programme brought together a range of components of these service models to further develop and assess their cumulative impact. The Programme would initially focus on adult services and on developing the interface services that would have greatest impact on demand and capacity.

Dr Armstrong led the Forum through developments that were taking place and being progressed by the Project Team. It had developed proposals for early implementation and members were developing the work programme, looking at redesign of systems of processes, building effective relationships between primary and community care, secondary care and social care. She confirmed that the Project Team had reviewed existing service provision across Renfrewshire and analysed performance and activity data. This had informed the next set of developments which had since been agreed by the Programme Board.

Dr Armstrong reported that a Communication and Engagement Group had been established and this involved working with the Staff Partnership Forum, Public Partnership Forum and Engage Renfrewshire. Clinical engagement was key to the work and lead clinicians were establishing regular meetings with their respective groups.

Dr Armstrong alluded to a pilot of "GP First" taken forward in Leicester. Given its local success, a lead GP from the pilot was coming to Glasgow at the end of September to talk through the model and its implementation/lessons learned.

Dr Armstrong reported that she had attended the last Area Psychology Committee meeting and, following on from that, had agreed that George Ralston (Professional Lead for Psychology) be approached to input to the work of the Project Team particularly in looking at work to take forward psychology in the Renfrewshire Development Programme and any models considered locally. This development was welcomed.

In response to a question from Ms McNamee, Dr Armstrong confirmed that nursing input to the work of the Team would be provided by Susan O'Rourke.

Heather Cameron asked how success of the Programme would be measured and Dr Armstrong reported that a series of measurements and outcomes were being identified, at the moment, to measure its success.

In response to a question from Mrs Reilly, Dr Armstrong confirmed that pharmacy input was provided to the Team and, furthermore, local pharmacies within the boundary of the Programme would have the opportunity to make a contribution as the work of the Team evolved.

NOTED

49. "ON THE MOVE" AND "ORGANISATIONAL REVIEW"

Heather Cameron welcomed the NHS Board's Chief Executive, Robert Calderwood, to the ACF meeting to provide an update on both the "On the Move" programme and the "Organisational Review".

Mr Calderwood thanked the ACF for the opportunity to update members on both significant pieces of current work.

He began by outlining the "On the Move" programme which was set up over two years ago to oversee service redesign and monitor delivery. A Programme Board was in place with seven workstreams reporting to it. Each workstream had senior clinical, managerial, CH(C)P and Partnership representation with robust governance and a communication strategy in place. Each workstream was responsible for service redesign, developing operational policies, workforce and technology implications, OD to support the change programme and declining KPI targets on lengths of stay and day case rates. The seven workstreams were as follows:-

- Inpatients/elective inpatients;
- Capacity and emergency patient flow;
- Paediatrics;
- Outpatients/day cases and ambulatory care;
- Clinical support services, FM and building operational;
- Coordinated patient pathways;
- Workforce advisory group.

Mr Calderwood described progress made to date in redesigning the service models and clinical pathways as well as the operational policies that lay behind these. The programme highlighted challenges as progress evolved and minor

changes were made as necessary which was to be expected. Mr Calderwood gave a brief summary of developments with each of the seven workstreams and went on to describe the commissioning programme for the new South Glasgow Hospitals which would commence on 26 January 2015 for 12 weeks when Brookfield would hand over the hospitals to NHSGGC. This enabled the buildings to be tested and pre-equipped (350 adult bed spaces and 100 bed spaces in the children's hospital) as well as pre-stock clean utility rooms in wards and theatres.

Mr Calderwood went on to describe the recruitment to undertake this commissioning programme which would see staff recruited for the commissioning stage and then used for the decommissioning stage (so likely to be employed for a 6/7 month period). This would also see double running of the new hospitals alongside the current hospitals for a short period of time. He reported that ⅓ of equipment would be transferred from current hospitals into the new hospitals and ⅔ would be brand new. In terms of the order of moves, it had been agreed as follows:-

- First - Southern General Hospital – planned for 24 April 2015;
- Second - Victoria Infirmary and Mansionhouse Unit;
- Third - Western Infirmary;
- Fourth - Royal Hospital for Sick Children – all moves to be concluded by 30 June 2015.

The Western Infirmary Outpatients and Minor Injuries Unit would remain on the Western site until the move to Gartnavel General in 2016.

Mr Calderwood led the ACF through the workforce aspects of these moves and illustrated the future workforce by site and those affected by the moves. He confirmed that organisational change would apply to all staff groups and staff would be supported through organisational development which was critical to ensure new teams formed effectively. Matching and redeployment processes had been agreed in partnership with trade unions/professional organisations.

In response to a question from Ms McNamee, Mr Calderwood advised that some of the "newer" services provided at the new hospitals (such as the TV and telephone systems) would hopefully be rolled out to the other sites – negotiations were in place at the moment. It would not, however, be possible to provide single en-suite bedrooms in the other facilities across NHSGGC. Policies, equipment and staffing levels would be the exact same throughout NHSGGC and there would be no change to the sites that patients were referred to. Any equipment not being transferred to the new hospitals would be retained in NHSGGC estates such as the RAH and/or GRI.

Mr Calderwood confirmed that the NHS Board's Director of Corporate Communications was working on how to communicate the changes with members of the public and the best media campaigns to run. It would be particularly important to keep everyone informed as the moves drew closer and it was likely that key teams would be "double run" for 48 hours after moves.

Ms Alexander asked about the future of Inverclyde Royal Hospital. Mr Calderwood confirmed that the NHS Board had no active plans that would see no services being provided from the IRH. It would be unrealistic to expect,

however, that no changes whatsoever would take place in the future but he confirmed that all staff and local communities would be kept informed, if and when, changes were likely to occur.

Mrs Reilly asked about the future transport infrastructure to the new hospitals and Mr Calderwood confirmed that work was ongoing with SPT to tackle this. The Government had funded Fastlink which had a bus-stop at the hospitals and the Community Engagement Team was working with local communities to ensure they understood the connectivity maps from Glasgow City Centre to the new hospitals. Furthermore, a public transport planning app was to be included in all outpatient appointments. In terms of car parking provision at the new hospitals, there would be 4,000 spaces which was stipulated in the planning application. The ACF agreed that there was no doubt that this was going to present a challenge particularly when Govan Road was double yellow lined.

Mr Calderwood moved on to outline the NHS Board's Organisational Review. He set the context by describing the creation of Integrated Joint Boards (IJBs) as separate strategic bodies. This, alongside the Acute Services site changes discussed earlier, and the ongoing financial challenges, drove service change as a whole package, and, in particular, changed the relationship the Board had with the Acute Division and the importance in having a consistency in core functions such as HR, complaints and FOIs. The delegation from the Board Chief Executive would be supported by an explicit Scheme of Delegation, clear lines of professional advice to Chief Officers, Board Chief Executive and the NHS Board, as well as governance, scrutiny and assurance being made clear at each level in the organisation.

Mr Calderwood outlined the functions and management arrangements of the IJBs and their relationship with the NHS Board.

He outlined the first stage proposals of the Organisational Review and the work-in-progress which would move forward to the following agreed changes:-

- Phase 1 – Director Appointments;
- Phase 2 – Below Director level;
- Finalise Directorate structure and implementation process;
- Prepare job descriptions;
- Job gradings;
- Identify staff;
- Selection process and confirm appointments.

Many questions were asked of Mr Calderwood and the following points discussed:-

- Some professions (such as AHPs) sat, at the moment, in one directorate. Was this likely to remain or would the split be geographical in the future? This point was being discussed and work was ongoing so as not to create either a bureaucracy or a gap. It would be resolved but would be unlikely to be clear by September.

- Importance of retention / strengthening of professional leadership highlighted.

- Status quo in terms of the organisational structure could not remain. There were many external changes and influences and the structure/roles had to remain flexible to meet the risks and challenges as

they arose. The tiers of director, general manager and heads of service would be put in place first for them to decide what structure was required below them. Dialogue with staff would be kept going as challenges moved forward.

- It was not clear how the advisory structures would work in the new structure, particularly with the new six HSCPs which, it was to be expected, would have their own relationships with contractors such as GPs, dentists, opticians and pharmacists within their locality. SGHD guidance was awaited on this and how the whole concept of providing professional independent advice would evolve and relationships be established. Clarity around governance was also needed.

- In terms of the ACF, it would be important to ensure it had capacity to provide advice to the Board, the Acute Services Division and the six HSCPs if that was the way forward?

- Given that the current way of doing things was unsustainable, it was recognised that investment was often needed at the start of a process to make it work in the future and for this reason, it was paramount that the Organisational Change made was fit for purpose going forward.

The ACF thanked Mr Calderwood for his enlightening presentation and discussion on both "On the Move" and "Organisational Change". Given the pace that both programmes were likely to move at, it was suggested that he return to the ACF meeting scheduled for 4 December 2014 to provide an update. **Secretary/ Robert Calderwood**

NOTED

50. AREA CLINICAL FORUM – 2014/15 MEETING PLAN AND FORWARD PLANNING

Members were asked to note the ongoing ACF Meeting Plan 2014/15 and were encouraged to make suggestions for forward planning of ACF activities.

NOTED

51. UPDATE FROM ACF CHAIR ON ONGOING BOARD/NATIONAL ACF BUSINESS

Heather Cameron reported that the next national ACF Chair's Group meeting was scheduled for 3 September 2014. It was likely that discussion would surround the formation of IJBs as they existed in different NHS Boards. Heather Cameron would raise the role of ACFs in going forward with the new Board structures to see if the national group had any further insights.

In terms of current NHS Board business, all Advisory Committee Chairs received the NHS Board papers and the next Board meeting was scheduled for 19 August 2014 (followed by the Annual Review).

NOTED

52. BRIEF UPDATE FROM EACH ADVISORY COMMITTEE ON SALIENT BUSINESS POINTS

Members were asked to note salient business items discussed recently by the respective advisory committees.

NOTED

53. DATE OF NEXT MEETING

Date: Thursday 2 October 2014

Venue: Meeting Room A, J B Russell House

Time: **2 - 2:30pm** Informal Session for ACF Members only

2:30 – 5:00pm Formal ACF Business Meeting